



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

July 22, 2002

H.R. 1784

Women's Health Office Act of 2002

*As ordered reported by the House Committee on Energy and Commerce
on June 13, 2002*

SUMMARY

H.R. 1784 would provide explicit authorization for offices of women's health in four federal agencies: the Department of Health and Human Services (HHS); the Centers for Disease Control and Prevention (CDC); the Health Resources and Services Administration (HRSA); and the Food and Drug Administration (FDA). In addition, the bill would designate an individual within the existing Office of Priority Populations within the Agency for Health Care Research and Quality (AHRQ) to lead the agency's research on women's health.

H.R. 1784 also would establish coordinating committees within the AHRQ and the CDC. Each of the agencies affected currently engages in research on women's health and executes many of the provisions of H.R. 1784, but those activities are not specifically authorized under the Public Health Service Act.

Assuming the appropriation of the necessary amounts, CBO estimates that implementing H.R. 1784 would cost \$27 million in 2003 and \$144 million over the 2003-2007 period, assuming annual adjustments for inflation for those activities without specified authorization levels. The five-year total would be \$139 million if such inflation adjustments are not made. The legislation would not affect direct spending or receipts; therefore, pay-as-you-go procedures would not apply.

H.R. 1784 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 1784 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					
	2002	2003	2004	2005	2006	2007
SPENDING SUBJECT TO APPROPRIATION						
Spending under Current Law for Offices of Women's Health						
Estimated Budget Authority	24	0	0	0	0	0
Estimated Outlays	23	5	0	0	0	0
Proposed Changes						
Estimated Authorization Level ^a	0	29	30	30	31	32
Estimated Outlays	0	27	26	30	31	31
Spending under H.R. 1784 for Offices of Women's Health						
Estimated Authorization Level	24	29	30	30	31	32
Estimated Outlays	23	27	26	30	31	31

a. The amounts shown reflect adjustments for anticipated inflation for those activities for which the bill would authorize such sums as necessary. Without such inflation adjustments, the five-year changes in authorization levels would total \$142 million (instead of \$151 million) and the changes in outlays would total \$139 million (instead of \$144 million).

NOTE: Numbers may not sum to totals due to rounding.

BASIS OF ESTIMATE

H.R. 1784 would require the Secretary of HHS to establish an Office on Women's Health within the Office of the Secretary and to transfer to that office all functions and personnel of the current Office on Women's Health of the Public Health Service. The office would be headed by the Deputy Assistant Secretary for Women's Health, with the task of establishing both short-range and long-range goals and objectives regarding women's health at both the national and local levels. The office would coordinate with and monitor the activities of other women's health offices within HHS on issues that relate to disease prevention, health promotion, service delivery, research, and education of the public and health care professionals on women's health issues.

In addition, the bill would establish the HHS Coordinating Committee on Women's Health, which would be chaired by the Deputy Assistant Secretary and senior-level representatives from other agencies within the department. H.R. 1784 also would establish a National Women's Health Information Center to facilitate the exchange of women's health information and provide technical assistance in analyzing women's health issues and health problems. The bill would authorize the office to make grants and cooperative agreements with public and private entities, and would require the office to report progress annually to the Congress. CBO estimates that these activities would cost \$18 million in 2003 and \$94 million over the 2003-2007 period if the necessary amounts are appropriated.

H.R. 1784 would authorize appropriations of such sums as necessary for the CDC, HRSA, and the FDA to establish at each agency an Office on Women's Health. Each would be responsible for assessing the current level of agency activity in the area of women's health, and for setting short-range and long-range goals for women's health and for each agency's activities related to prevention, research, education and training, service delivery, and policy development. The bill would also establish a Coordinating Committee on Research on Women's Health within each agency. CBO estimates these activities would cost \$2 million in 2003 and \$9 million over the 2003-2007 period for the CDC, \$1 million in 2003 and \$3 million over the 2003-2007 period for HRSA, and \$6 million in 2003 and \$37 million over the 2003-2007 period for the FDA, if the necessary amounts are appropriated.

The bill would direct the director of AHRQ to designate an individual within the Office of Priority Populations to report to the director on the current level of activity within AHRQ on women's health issues, establish short-term and long-term research goals, identify opportunities for agency projects on women's health, serve as AHRQ's main point of contact on women's health issues for public and private stakeholders, and serve as a member of HHS's Coordinating Committee on Women's Health. In addition, H.R. 1784 would establish a Coordinating Committee on Research on Women's Health within the AHRQ to identify areas of research on women's health, estimate funds needed to fund this research, identify areas where coordination of research is needed, and make recommendations to the director of AHRQ based on the findings of the committee. CBO estimates these activities would cost less than \$500,000 in 2003 and \$2 million over the 2003-2007 period if the necessary amounts are appropriated.

For this estimate, CBO assumes that the bill would have an effective date of October 1, 2002, and that outlays would follow historical spending rates for the relevant agencies for the authorized activities. For most agencies, CBO based its estimates on amounts spent in the past for similar activities of the affected agencies. In the case of the FDA, CBO estimates that based on information obtained from the agency, the FDA would require an additional \$4 million in appropriations over the 2002 appropriations level to carry out the requirements of the bill.

PAY-AS-YOU-GO CONSIDERATIONS: None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR MANDATES

H.R. 1784 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

ESTIMATE PREPARED BY:

Federal Costs: Alexis Ahlstrom, Julia Christenson, Jeanne De Sa, Hallie Torrell, and
Christopher Topoleski

Impact on State, Local, and Tribal Governments: Leo Lex

Impact on the Private Sector: Jennifer Bowman

ESTIMATE APPROVED BY:

Robert A. Sunshine
Assistant Director for Budget Analysis